

Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

RUBY MAY BAYNARD (Col)

CERTIFICATE OF DEATH

MARYLAND

Died ^{Town} near Millington ^{County} Kent

Date of death	1906	Month	Apr	Day	7	Age	—	Years	—	Months	one	Days	16
Sex	Female			Color or Race	Black			Birthplace	Kent Co. Md				
Occupation	—			Where Residing if not at place of death			—						

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Convulsions.

How long

5 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above

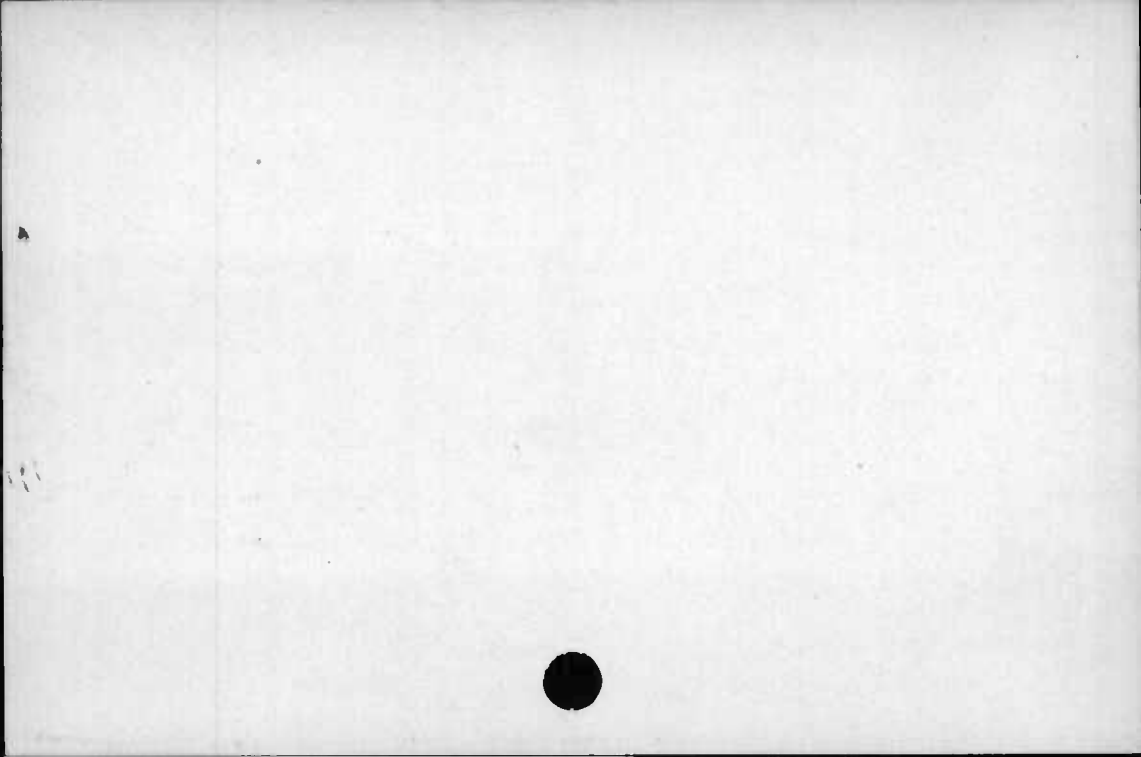
Yes

Signature of
Physician

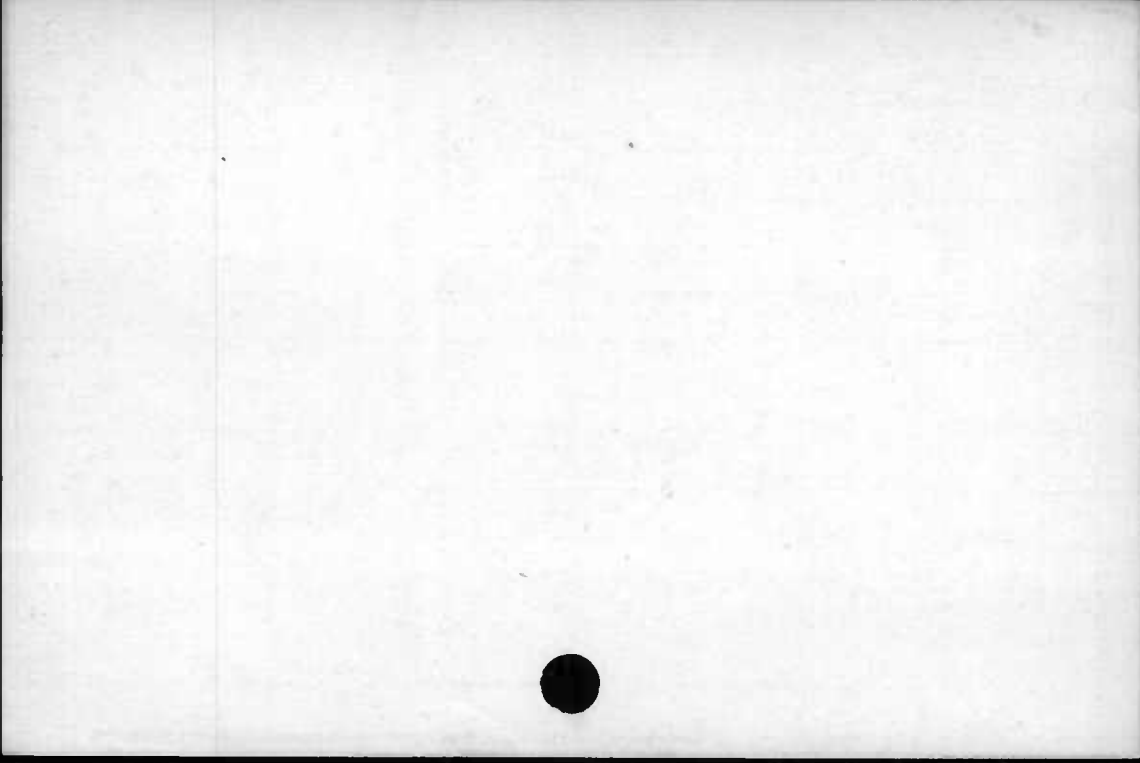
Address

C. P. Gorman M.D.
Millington
Md

Accident or Suicide?



Name in Full Thomas Burns		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} new Galena		^{County} Kent
	Date of death 1906		April 22
	Sex Male		Color or Race White
	Occupation Farmer		Where Residing if not at place of death
	Married, Single or Widowed Married		Name of Wife or Husband Mullen
	Father's Name		Father's Birthplace
	Mother's Maiden Name		Mother's Birthplace
	Name of person giving information Michael Burns		How related to deceased Son
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia		How long 10 days
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Edward A. Scott.
			Address Galena, Ind.
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Amie Chatt

Died at *Locust Grove* ^{Town}

Kent ^{County}

MARYLAND

Date of death *1906 Apr 28*

Age *65*

Months

Days

Sex *Female*

Color or Race *Black*

Birth-place *Kent to Md*

Occupation *Housewife*

Where Residing if not at place of death *Locust Grove*

Married, Single or Widowed *Married*

Name of Wife or Husband *Amie Chatt*

Father's Name *Samuel Black*

Father's Birthplace *Md*

Mother's Maiden Name *Sarah Black*

Mother's Birthplace *Md*

Name of person giving information *Leona Butler*

How related to deceased *Son*



CAUSES OF DEATH

Primary *Apo fluxy*

How long *2 days*

Immediate *Exhaustion & Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. Brown Carver*

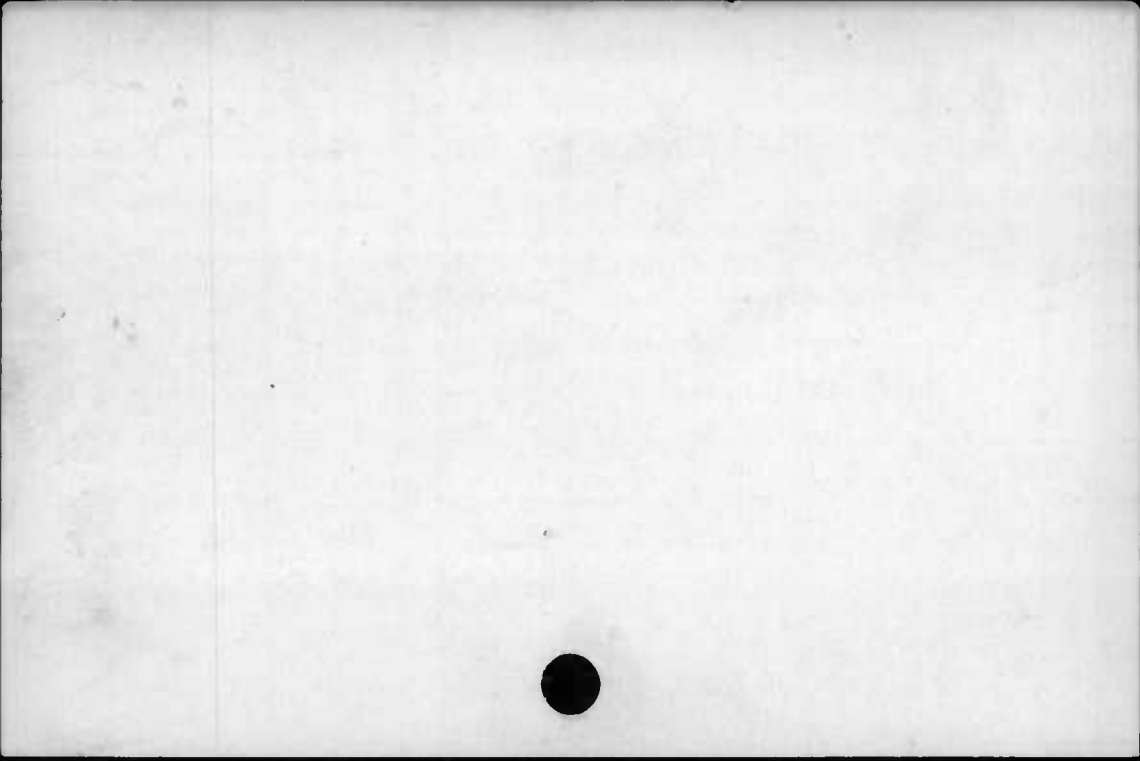
Address *Kennedyville Md*

Accident or Suicide? *---*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L



Name
in
Full

Samuel Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Still Pond		Kent		MARYLAND	
Date		Month		Day		Years	
of death		1906		Apr		18	
Age		69		Months		Days	
Sex		male		Color or Race		White	
Occupation		Retired		Where Residing if not at place of death		M. S.	
Married, Single or Widowed		married		Name of Wife or Husband		Amanda Coleman	
Father's Name		John Coleman		Father's Birthplace		U. S.	
Mother's Maiden Name		Phoebe Coleman		Mother's Birthplace		U. S.	
Name of person giving information		Robert Coleman		How related to deceased		Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sclerosis of Liver	How long	(112)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		L. P. Atwell M.D.	
Address		Still Pond	
Accident or Suicide?		md	

Still Poor of

Name
in
Full

Isaac Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winnington		County Kent co		MARYLAND	
Date of death		Month 4	Day 22	Age Years 60 years	Months	Days	
Sex Male		Color or Race Colored		Birth- place Winnington			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Geo Cummings				Father's Birthplace Va			
Mother's Maiden Name Mary Cummings				Mother's Birthplace Va			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia		How long 2 Weeks
Immediate 15		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H Cummings
Address Winnington		
Accident or Suicide?		

Burial

Wilmington

Name
in
Full

Hamilton S. Crew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Betterton</i>		Town <i>Hent</i>		County		MARYLAND	
Date of death	1906	Month	Apr	Day	30	Age	67
Sex	Male		Color or Race	White		Birth-place	U.S.
Occupation	Farmer		Where Residing if not at place of death		—		
Married, Single or Widowed	Married		Name of Wife or husband	Catherine Harris			
Father's Name	Daniel Crew		Father's Birthplace	U.S.			
Mother's Maiden Name	Miss Moody		Mother's Birthplace	U.S.			
Name of person giving information	S. Harris Crew		How related to deceased	Son.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Liver. (40)	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. P. Atwell M.D.
		Address	Still Pond Ind.
Accident or Suicide?			



Name
in
Full

Nathaniel C. Crow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chestertown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Apr.</i>	Day <i>20</i>	Age <i>59</i>	Months <i>2</i> Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co Md</i>		
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>At Home</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>William Crow</i>		Father's Birthplace			
Mother's Maiden Name <i>Sarah Anne Covington</i>		Mother's Birthplace			
Name of person giving information <i>Owen B Crow</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>10 years</i>
Immediate <i>Tuberculosis</i>	How long <i>10 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>No</i>	

St. Pauls Cemetery
John N. Dodd
Undertaker

Name
in
Full

Joseph Davis

CERTIFICATE OF DEATH

Died at ^{Town} <i>Chesterstown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Apr</i>	Day <i>17</i>	Age <i>63</i>	Months <i>-</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>md</i>		
Occupation <i>Laborer</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name <i>Wm Davis</i>		Father's Birthplace <i>(120)</i>			
Mother's Maiden Name <i>Rachel (?)</i>		Mother's Birthplace			
Name of person giving information <i>Rachel Smith</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

Primary <i>Chronic interstitial nephritis</i>	How long <i>2 yrs</i>
Immediate <i>Asthemia</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Simpson</i>
	Address <i>Chesterstown, Md</i>
Accident or Suicide? <i>No</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ann A. Gould

CERTIFICATE OF DEATH

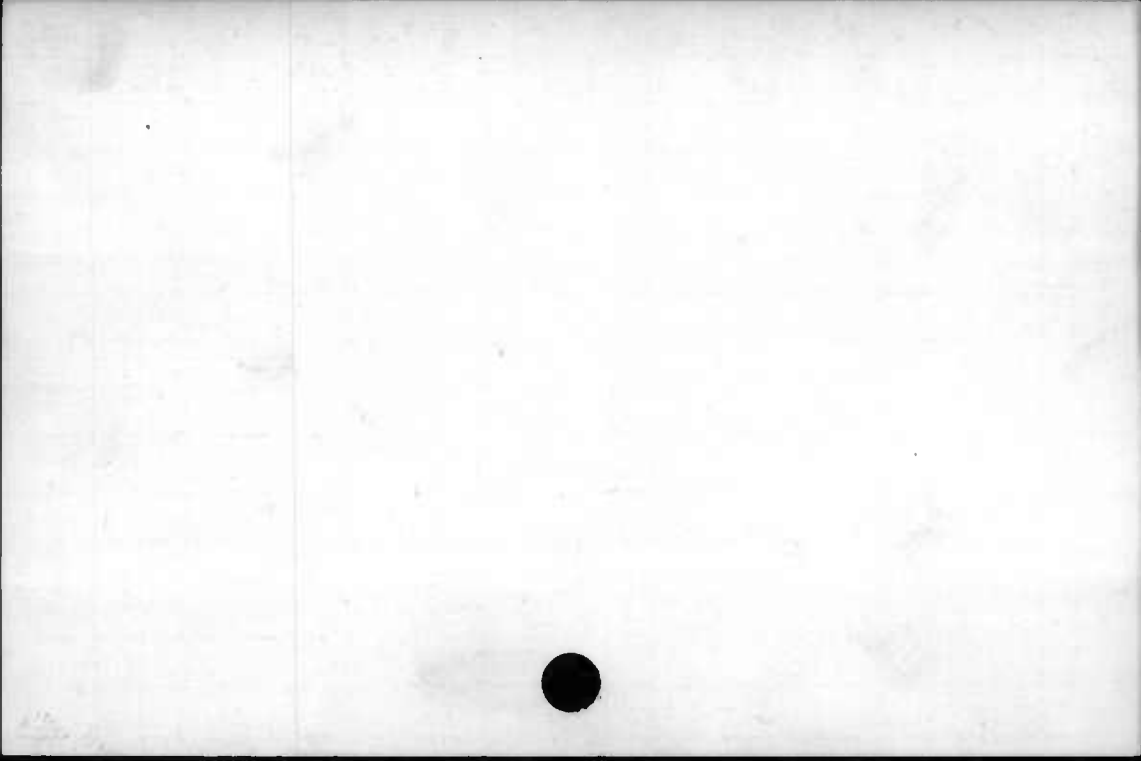
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hesterstown</i>		County <i>Kent.</i>		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>28.</i>	Age <i>62.</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female.</i>	Color or Race <i>Black.</i>		Birth-place <i>Kent. Co. Md.</i>		
Occupation <i>H. W. fr.</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Gould.</i>				
Father's Name <i>Jerry. Yorker.</i>	Father's Birthplace <i>Kent Co Md</i>				
Mother's Maiden Name <i>Mary.</i>	Mother's Birthplace				
Name of person giving information <i>Benjamin Brodley</i>	How related to deceased <i>not any.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>5 Days</i>
Immediate <i>Edema</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. Wheland</i>
	Address <i>Hesterstown Md</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Years	Months	
	Sex		Color or Race		Birth-place		
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
PHYSICIAN OR CORONER	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving information		How related to deceased				
	CAUSES OF DEATH						
	Primary		How long				
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Accident or Suicide?							

George Lee Hickey
Rock Hall Kent Co

1906 April 16

Age —

Months 2

Days

Male

White

Birth-place Kent Co

Married, Single or Widowed

Name of Wife or Husband

John Hickey

Father's Birthplace Kent Co

Mother's Maiden Name Ray Sandreus

Mother's Birthplace Kent Co.

Name of person giving information John Hickey

How related to deceased Father

CAUSES OF DEATH

Primary Hooping-cough

(4)

How long 6 weeks

Immediate Exhaustion

How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

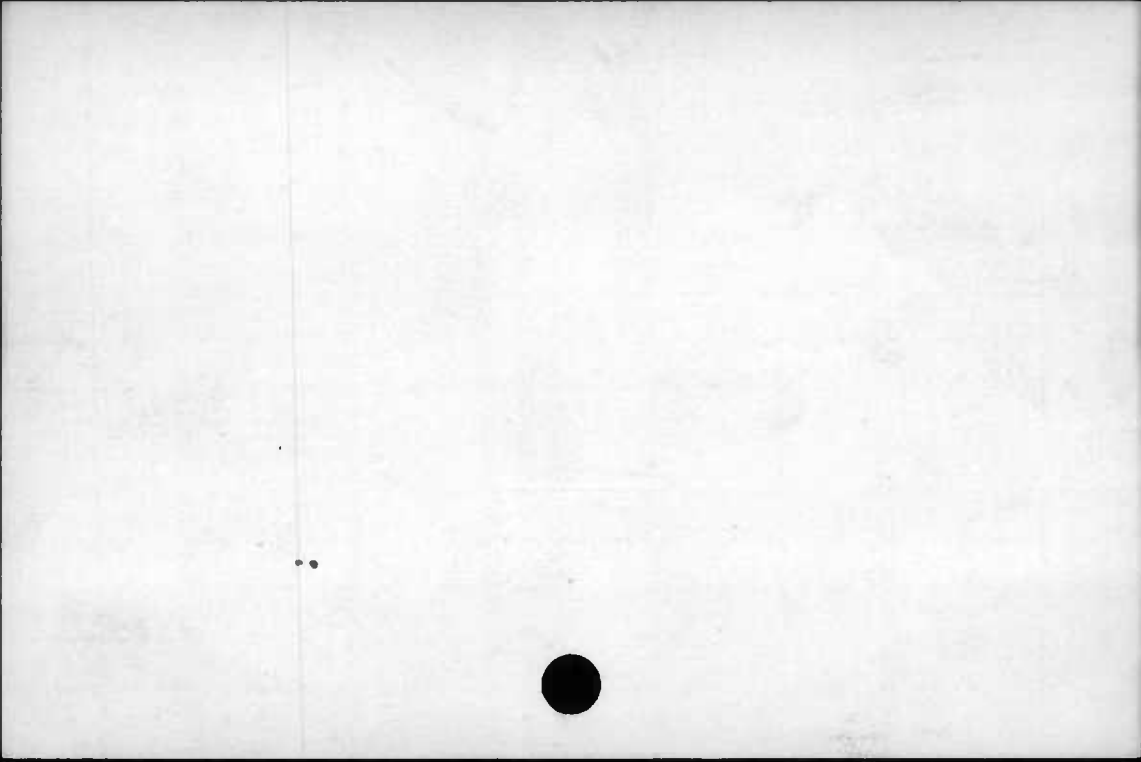
Signature of Physician

Walter C. Kelly M.D.

Address

Rock Hall, Kent Co.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Ida R. Healy

Town

Columan

County

Kent

MARYLAND

Died at

Date

1906

Month

April

Day

13

Age

Years

59

Months

-4

Days

—

Sex

female

Color or
Race

Black

Birth-
place

U S

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widow

Name of Wife or
Husband

—

Father's
Name

Jacob Wilmer

Father's
Birthplace

U.S.

Mother's
Maiden Name

Catherine Wilmer

Mother's
Birthplace

U.S.

Name of person giving
In formation

Isaac Healy

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

L. P. Atwell M.D.

Address

Still Pond
Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Coleman

Name
In
Full

Mary Stopkins

CERTIFICATE OF DEATH

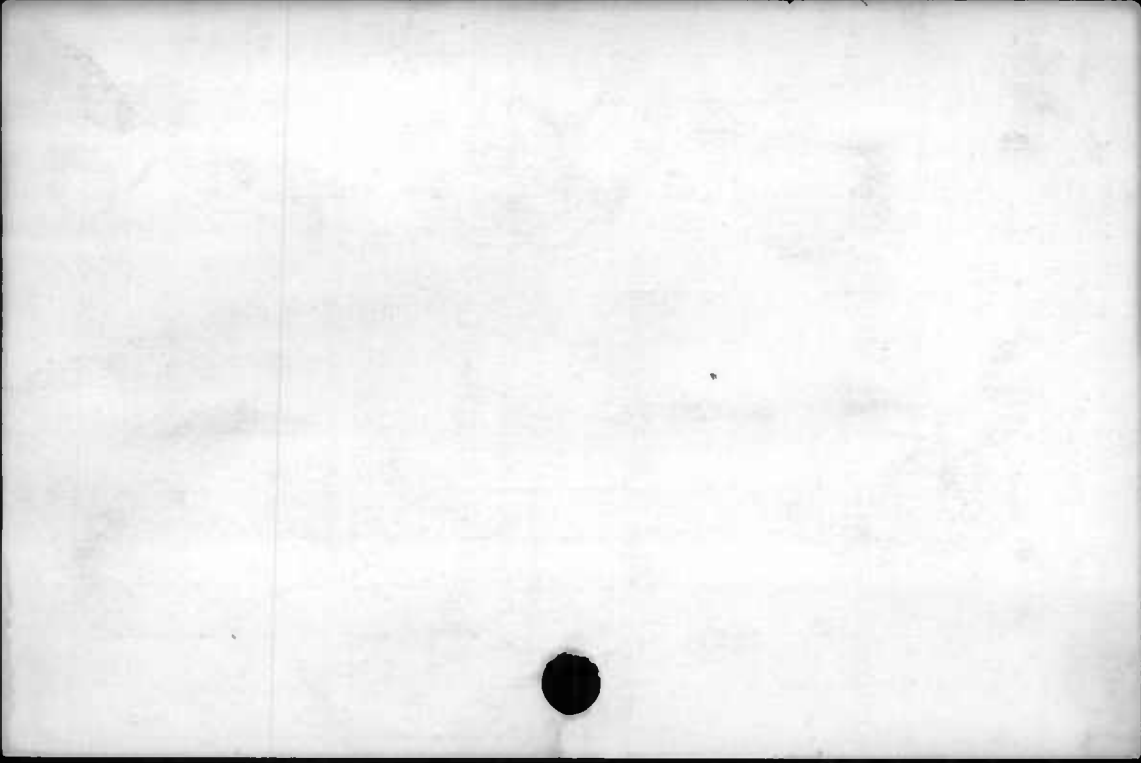
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fairlee (near)		Kent.		County		MARYLAND					
Date of death		1906.		April		Day 11		Age 13		Months 1		Days 2	
Sex		Female		Color or Race		African		Birth-place		Kent Co Md			
Occupation				Where Residing if not at place of death									
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		William Stopkins		Father's Birthplace		Va.							
Mother's Maiden Name		Milley Johnson		Mother's Birthplace		Md.							
Name of person giving information		Father		How related to deceased									

CAUSES OF DEATH

Primary		Pulmonary Tuberculosis		How long 11 mo.	
Immediate		exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Frank W. Smith M.D.	
				Address Fairlee Md.	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

Still Born.

Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

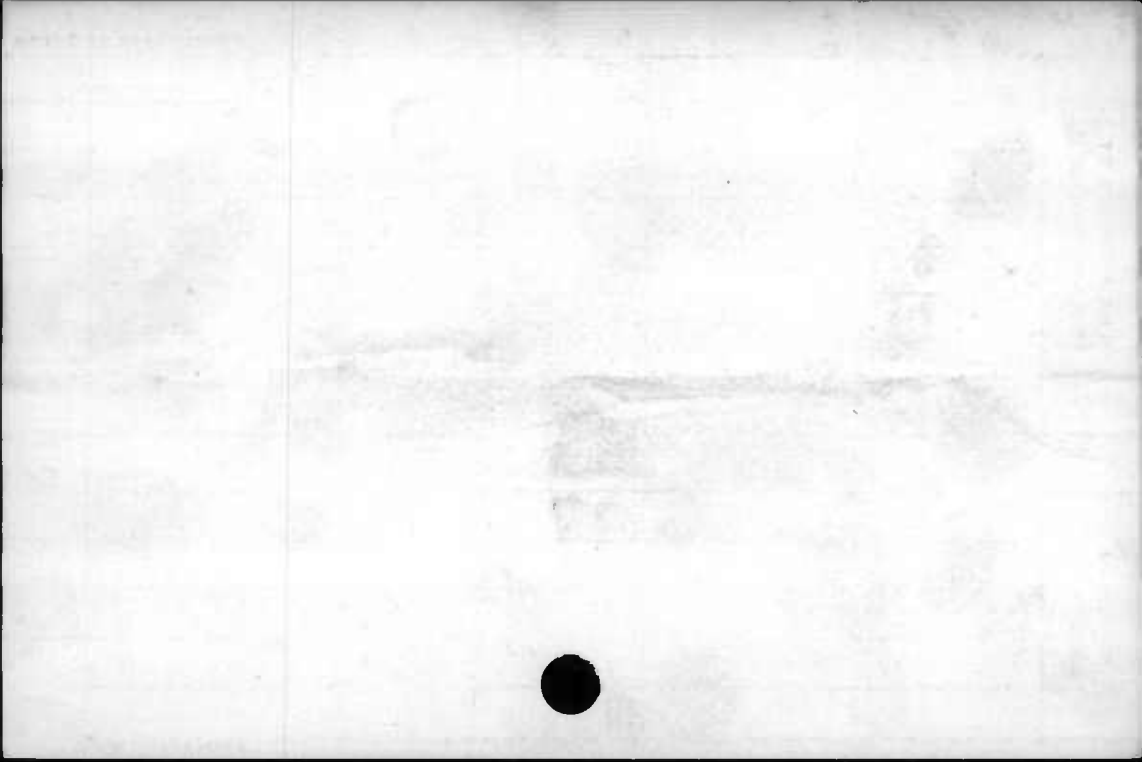
MARYLAND

Died at		Town		County			
Date of death		Month	Day	Years	Months	Days	
1906		April	2	Age	—		
Sex	Male	Color or Race	White		Birth-place	Hedden	
Occupation	—		Where Residing if not at place of death		—		
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	William C. Jones				Father's Birthplace	Kent Co Md	
Mother's Maiden Name	Lydia L. Johnson				Mother's Birthplace	Kent Co Md	
Name of person giving information	Lydia L. Johnson				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fracture 7. ribs	How long	(S)
Immediate	Strangulation by cord	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	Hedden Md		
Accident or Suicide?			



Name
in
Full

Minta Moffitt

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Murkington*^{County} *Kent Co*Date
of death *1906*Month *4*Day *14*Age *60*

Years

Months

Days

Sex *Female*Color or
Race *White*Birth-
place *Kent Co Md*Occupation *Housewife*Where Residing if not
at place of death *Murkington*Married, Single
or Widowed *Single*Name of Wife or
Husband *Jos Moffitt*Father's
Name *Wm Brown*Father's
Birthplace *Kent Co*Mother's
Maiden Name *Elizabeth Brown*Mother's
Birthplace *Kent Co*Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

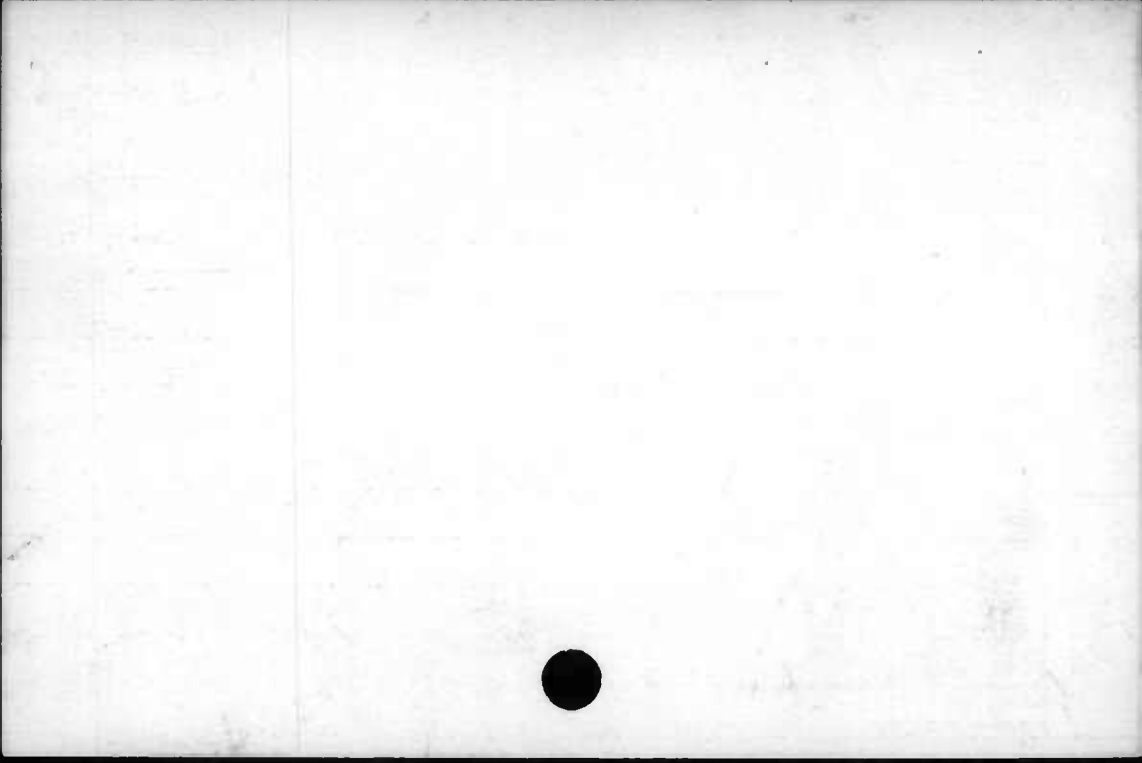
Primary *Cancer*How long *2 years*Immediate *11*

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
PhysicianAddress *2 Canby St**Murkington*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Spalding Power

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Rock Hall. ^{County} Kent

MARYLAND

Date of death 1906 April 9 Age 84 Years 1 Months 6 Days

Sex Female Color or Race White Birth-place Baltimore Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Benjamin Power

Father's
Name

Richard Spalding

Father's
Birthplace

England

Mother's
Maiden Name

Mariah Souer

Mother's
Birthplace

P.A.

Name of person giving
In formation

Lottie Wilson

How related
to deceased

Slaughter

CAUSES OF DEATH

Primary

Pneumonia

How long

9 days

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

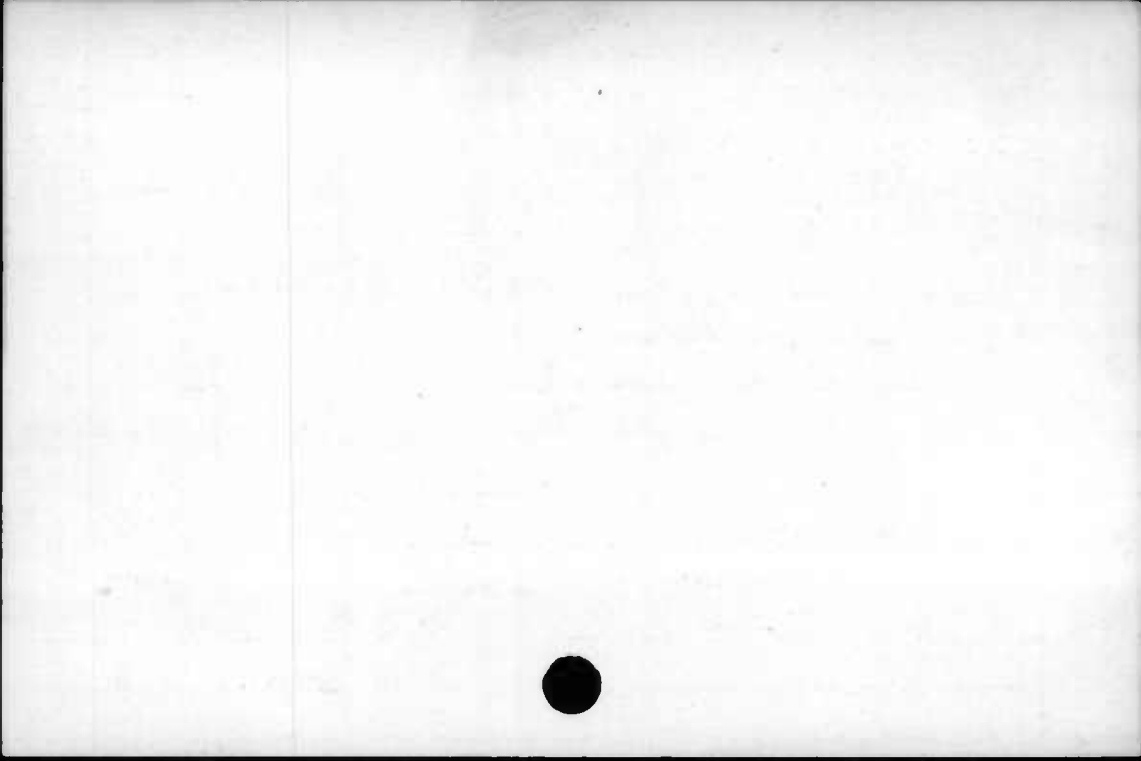
Signature of
Physician

Walter C. Kelly

Address

Rock Hall, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

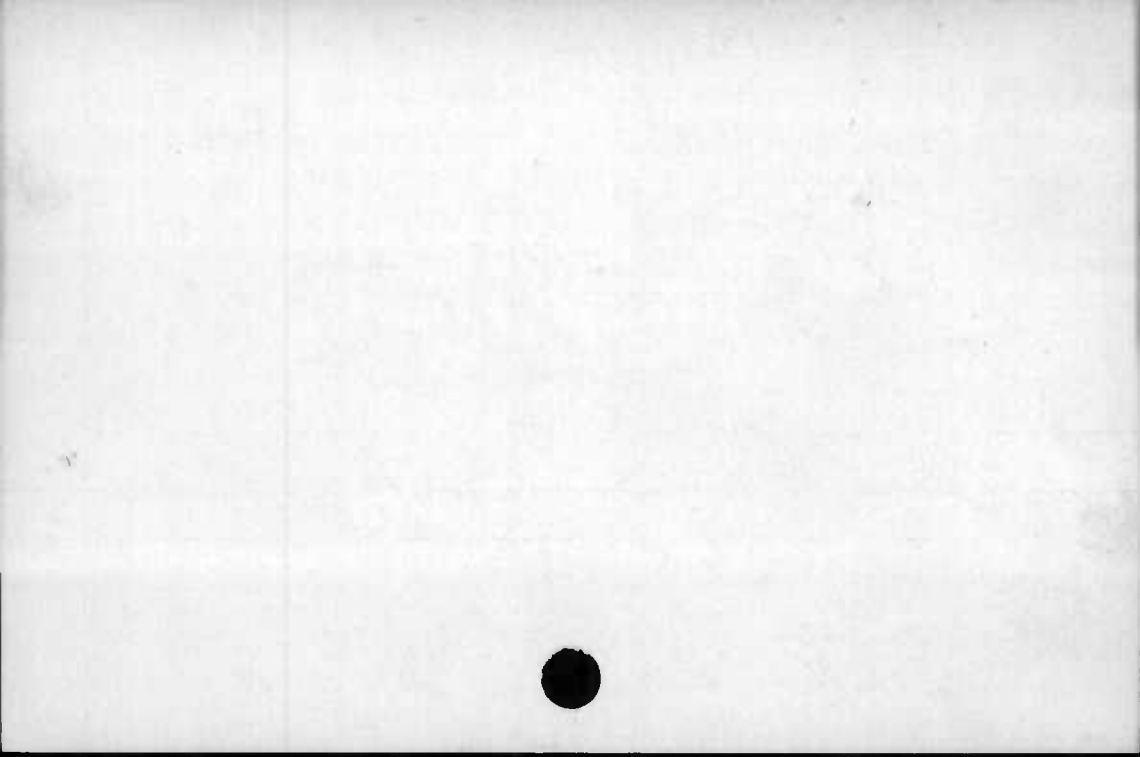
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Pond</i>		Town <i>Still Pond</i>		County <i>Kent</i>			
Date of death	<i>1906</i>	Month	<i>April</i>	Day	<i>20</i>	Age	<i>78</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>U. S.</i>		Months <i>6</i>	
Occupation <i>retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sallie H. Harris</i>					
Father's Name <i>Joseph Basin</i>		Father's Birthplace <i>U. S.</i>					
Mother's Maiden Name <i>Melvinia Wright</i>		Mother's Birthplace <i>U. S.</i>					
Name of person giving information <i>W. T. Hephron</i>		How related to deceased <i>friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Blood poisoning.</i>	How long	<i>20</i>
Immediate	<i>uraemic convulsions.</i>	How long	<i>6 years days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. S. Maxwell</i>	
		Address <i>Still Pond, Md.</i>	
Accident or Suicide?			



Rote

Died at Christytown Hunt MARYLAND
 Town County

Date 1906 Apr. 30 2 hours Med
 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of _____
 Wife _____
 Father's Name Harry B. Rote 151 Gertie Rote
 Name Withers Name

Cause of { Primary Lack of Development How long sick _____
 Death { Immediate _____
 Accident, Suicide, Homicide

Reported by Harry L. Dodge, M.D.
 Address Christytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. E. Fredrickson
Carr.

Name
in
Full

CERTIFICATE OF DEATH

Isaac Spencer
Tolb County Kent

MARYLAND

Died at

Date

of death

1906

Month

April

Day

15

Age

Years

65

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Kent Co.

Occupation

Farm Laborer

Where Residing if not
at place of death

At home

Married, Single
or Widowed

Married

Name of Wife or
HusbandFather's
Name

Don't know

Father's
BirthplaceMother's
Maiden Name

Don't know

Mother's
BirthplaceName of person giving
Information

Amin Rasim

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Valvular heart trouble

How long

One year

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. P. Gorman M.D.
Millington
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Viola Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Still Pond ^{Town} Kent ^{County} MARYLAND

Date of death 1906 ^{Month} Apr. ^{Day} 9 ^{Age} — ^{Years} — ^{Months} — ^{Days} 2

Sex female Color or Race Black Birth-place md

Occupation — Where Residing If not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John Stanley Father's Birthplace md

Mother's Maiden Name Sarah Ringgold Mother's Birthplace md

Name of person giving information John Stanley (45) How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hemorrhage of nose & throat. How long 18 hours

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Wm. S. Maxwell.

Address Still Pond, Md.

Accident or Suicide? —

Still Pond

Name
in
Full

John W Startt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesterstown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Apr</u> ^{Month}	<u>10</u> ^{Day}	Age <u>64</u> ^{Years}	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u> Md </u>		
Occupation <u>Nursery man</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Martha A Neekerson</u>				
Father's Name <u>Benj. H Startt</u>	Father's Birthplace				
Mother's Maiden Name <u>Catherine Sizem</u>	Mother's Birthplace				
Name of person giving information <u>Martha A Startt</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. T. Timpers</u>
	Address <u>Chesterstown, Md</u>
Accident or Suicide? <u>No</u>	

Union Cemetery
near Wm. L. Linton
John N. Dodd
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John. Stevens Stephens</i>		Town <i>Millington.</i>		County <i>Bent</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>April</i>		Day <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>72</i>		Years <i>72</i>	
Occupation <i>Farmer</i>		Birth- place <i>Germany</i>		Months <i>—</i>		Days <i>—</i>	
Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bright's disease</i>		How long	
Immediate <i>Pneumonia</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H M. Jeter,</i>	
		Address <i>Millington.</i>	
Accident or Suicide?		<i>Ned.</i>	

John Stephens

Name
in
Full

Rachel E. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Worton</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>Apr.</u> <small>Month</small>	<u>22</u> <small>Day</small>	<u>72</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>U.S.</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u> </u>			
Father's Name <u> </u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>			Mother's Birthplace <u> </u>		
Name of person giving information <u>Harry Taylor</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>8 days</u>
Immediate <u>Pneumonia</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. B. Linmons</u>
	Address <u>Chestertown</u>
	<u>Md.</u>
Accident or Suicide? <u>No</u>	

Union Cemetery

Name
in
Full

Miss Bessie M Thompson

CERTIFICATE OF DEATH

Died at		Town Chestertown		County Kent.		MARYLAND	
Date of death		1906	Month April	Day 12	Age 24	Months 7	Days
Sex	Female			Color or Race	White		
Occupation	none			Birth-place	Chestertown Md		
Where Residing if not at place of death				✓			
Married, Single or Widowed	Single			Name of Wife or Husband	none		
Father's Name	Whitely, Thompson				Father's Birthplace	Lilbuck Md	
Mother's Maiden Name	Annie E. Larrison				Mother's Birthplace	Eaton Md	
Name of person giving information	Annie E. Larrison				How related to deceased	Mother	

CAUSES OF DEATH

Primary	Consumption Lung		How long	3 yrs
Immediate	St. Aspiration		How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. W. Whelan Md	
yes		Address	Chestertown Md	
Accident or Suicide?				

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chester Cemetery
John N. Dodd
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Venable*

Died at *Chester town* Town *Kent* County

MARYLAND

Date of death *1906* *Apr.* Month *5* Day *87* Age *10* Months *18* Days

Sex *Male* Color or Race *White* Birth-place *Burlington N.C.*

Occupation *Farmer* Where Residing If not at place of death *Near Chester town*

Married, Single or Widowed *Married* Name of Wife or Husband *Angeline Venable*

Father's Name *Joseph Venable* Father's Birthplace *N. C.*

Mother's Maiden Name *Miss Hinner* Mother's Birthplace *N. C.*

Name of person giving information *Geo Venable* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Enlarged Prostate* How long *125* Years

Immediate *Inanition -* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. Binger Simmons*

Address *Chester town Md.*

Accident or Suicide? *No*

Still Pond Cemetery
John N. Dodd
Undertaker

Name
in
Full

Sarah E Wright

CERTIFICATE OF DEATH

MARYLAND

Died at Cheestown ^{Town}Kent ^{County}

Date

of death 1906 Apr ^{Month}26 ^{Day}

Age

75 ^{Years}

Months

Days

Sex

FemaleColor or
RaceWhiteBirth-
placeMd

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedWidowName of Wife or
HusbandFather's
NameWalter I ClaytonFather's
BirthplaceMdMother's
Maiden NameSarah HackettMother's
BirthplaceMdName of person giving
informationWm T WrightHow related
to deceasedSon

CAUSES OF DEATH

Primary

General debility

How long

Several years

Immediate

Asthma

How long

One weekAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

719 SumnersCheestown, Md

Accident or Suicide?

NoTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

